

ANNUAL STATUS REPORT



The Kentucky Commission on Services and Supports for
Individuals with Intellectual and Other
Developmental Disabilities

Submitted in Accordance with KRS 210.577 to:

Governor Steven L. Beshear
and the General Assembly
October 2014

KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES

FY14

INTRODUCTION

The Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities was created and established by KRS 210.575 through the enactment of House Bill 144 by the 2000 General Assembly. The Commission, referred to as the HB 144 Commission, serves in an advisory capacity to the Governor and the General Assembly concerning the service system that impacts the lives of people with intellectual and developmental disabilities.

The Commission's current membership includes 24 individuals, nine of whom are appointed by the Governor. These individuals represent family members, legislators, provider organizations, advocacy groups, and leaders from various state agencies. Representative Kelly Flood was recently assigned to the HB 144 Commission and attended her first meeting June 5, 2014.

During FY 2012, the Commission formed three subcommittees to address issues and concerns identified from data collected through the National Core Indicator (NCI) project, which Kentucky has participated in since 1999. The NCI survey provides a variety of data that is reported by individuals with intellectual and developmental disabilities, family members, and caregivers about the quality of services and supports received through a variety of funding sources. An NCI Quality Improvement Committee was established to analyze the data and subsequently provide the Commission with information that resulted in the identification of three priority areas and subsequent subcommittees: (1) Health and Wellness; (2) Participant Directed Supports; and (3) Community Integration. These three subcommittees continued to meet throughout FY 14.

FY 2014 GOALS, STATUS, and ACTIVITY UPDATES

In 2012 HB 144 Commission members, in collaboration with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), established five long-term initiatives for the next 5-10 years. The following goals, updates, and subcommittee reports reflect Commission activities in FY2014.

Goal 1: Community education and outreach must be a combined effort to create an awareness of need and available services for people with intellectual and developmental disabilities (I/DD).

Status Update 1

The Division of Developmental and Intellectual Disabilities (DDID) within DBHDID presented at local, regional, and statewide forums and conferences throughout FY 14. Staff presented information related to services and supports available through the Supports for Community Living (SCL) Medicaid Waiver program which has been revised and is now referred to as SCL2. These forums included topics related to Community Access and Supported Employment. Examples of community forums include ARC of Kentucky Chapter meetings, Advocates in Action (AIA) meetings, ARC of Kentucky Annual Conference, and National Association for Centers on Developmental Disabilities Conference.

Status Update 2

DBHDID, in conjunction with the Office of Vocational Rehabilitation (OVR) and the Office for the Blind, is moving forward with the process of developing standard policies and procedures for the provision of Supported Employment in Kentucky. These activities are being undertaken with the assistance of the Office for Disability Employment Programs through its Community of Practice initiative and the National Association of State Directors of Developmental Disabilities Services' (NASDDDS) Employment Learning Communities. As part of this process:

- Educational opportunities have been provided for participants and families in 10 locations throughout Kentucky regarding the impact of wages on benefits. These programs were attended by approximately 250 participants, guardians, and family members.
- Opportunities have been provided to allow employment specialists, case managers, and rehabilitation counselors to interact and more effectively share support information for each participant. These events occurred in Western Kentucky (22 participants), London (28 participants), Somerset (40 participants), and Lexington at the Association of People Supporting Employment First (APSE) Pre-Conference (175 participants).
- Training regarding the implementation of Employment Services through the SCL2 waiver was conducted in eleven Kentucky locations as well as at the National Association for Centers on Developmental Disabilities (NACDD) Conference (380 participants).
- A quality assurance program entitled Quality Indicator Tools was designed to encourage the provision of high quality Supported Employment Services. Based upon the Joint Commission "Follow the Person" protocol, the Quality Indicator Tools entered the field-test phase with participant interaction for each service offered in the SCL2 waiver program separated into three distinct performance groups:

- Expectation (provider meets basic regulatory requirements);
- Effort (provider demonstrates establishment of systems that give participants the opportunity to be successful); and
- Excellence (provider has met all objectives).

The Quality Indicator Tool utilizes a scoring process on a 4.0 scale for each service. The quality score will be mapped to show progress on the outcome model. Training on the outcome model was provided in 10 locations across Kentucky to approximately 425 provider staff, and it was also presented at the National APSE Conference.

Status Update 3

The Participant Directed Supports Subcommittee continued to meet during the reporting period to address the following subcommittee goal:

Participants should be provided information on any new process as early as possible to avoid misunderstanding or lapse in services.

Activity: The subcommittee met with DDID staff throughout FY2014 to discuss the major issues and opportunities regarding the revised Supports for Community Living/Participant Directed Program. These discussions included the required training for new employees, transportation, especially in rural areas; owning your own home, information on Participant Directed Services (PDS) and consistency throughout the state; and better awareness of services available through PDS and their utilization.

Activity: In FY2014, a goal of the subcommittee was to ensure that every participant would have a user-friendly Participant Directed Program Manual. The manual was distributed to the HB 144 Commission members at the June 5, 2014 meeting. The subcommittee is also distributing copies to various state entities, field workers, individuals with developmental and intellectual disabilities, and others as identified.

Activity: The Department for Aging and Independent Living (DAIL) also created a Participant Directed Services (PDS) program manual for providers.

Goal 2: Promote inclusion of citizens with disabilities to increase natural supports in the community and in the workplace.

Status Update 1

DBHDID continues to support services designed to encourage person centered supports, training, and education. *Community Belonging*, a training initiative which began in September 2012 under the guidance of Dr. Angela Amado from the University of Minnesota, focuses on communities and community agencies becoming more person-centered. In October 2013 a celebratory event was held in Louisville at the conclusion of

Year One of the three-year initiative. Fifty-five persons from 14 Supports for Community Living (SCL) agencies across the state signed up to participate in a program to assist individuals in developing friendships and becoming an active part of their community. Over the course of the first year, the individuals, agencies, families, guardians, friends, and DBHDID staff were involved in a blended training method. Three face-to-face trainings were conducted across the state which involved the individuals, their person centered teams, and DDID staff. In addition to the face-to-face trainings, the agencies have gathered the person-centered teams to participate in agency specific webinars with Dr. Amado and DDID staff. The blended method has helped in making progress toward meeting each individual's goals that were set by the individuals and their person-centered teams at the start of the project. The following successes were recognized, honored, and celebrated at the October 2013 celebration:

55 individuals started the initiative, 45 completed Year One

Positive results were noted in four areas:

45 people made 138 new friends in the community

26 people joined new groups/associations

20 people established new valued social roles

20 people improved family relationships

DBHDID continues to support agencies through targeted technical assistance, coaching teams on the expansion of services within the agencies, and preparing agency staff (particularly Executive Directors and Case Managers) to mentor other providers throughout their regions in providing Community Access services available through SCL2.

Status Update 2

The Community Integration Subcommittee identified the following goal for the subcommittee:

Beating Loneliness through Community Integration – Increase by 10% the overall percentage of people who report having friends who are not staff or family, as reported in the next NCI 12-month data cycle.

Activity: The Community Integration Subcommittee conducted the fourth community forum to solicit feedback regarding the real life experiences individuals with I/DD had with opportunities and barriers to community integration. A forum was held in Northern Kentucky with approximately 20 individuals participating, including those with I/DD, family members, and providers. The forum emphasized that there is still significant

work to be done in the area of community integration. While community activities exist, transportation, insufficient income, and provider staffing patterns present significant barriers in many communities. Forums were held in Paducah, Ashland, Owensboro, and Covington. A presentation of the qualitative data will be presented in FY 2015.

Activity: A new initiative, “Endeavor for Excellence”, includes a partnership with the University of Kentucky, Human Development Institute (HDI) [a University Center for Excellence in Developmental Disabilities] and the Division of Intellectual and Developmental Disabilities. This initiative is a branded curriculum that has evolved over a five-year period through the joint efforts of Hope Leet Dittmeir and the Irish entity Genio (see www.Genio.ie) and will be fully implemented in FY2015. The lead trainer of the course will be Hope Leet Dittmeir accompanied by facilitator Milton Tyree from HDI. It is a leadership development project designed to build the expertise of selected staff within an organization in order to influence both their own work and the future work of their colleagues. The partnership entities invited SCL providers to apply to participate in the extensive training and mentoring course designed to enhance the capacity of providers to impact the lives of the individuals they support in significant and meaningful ways. The course will focus on the information, ideology, strategy and skill necessary to design and provide high quality human services in partnership with individuals with I/DD and their families. The initiative emphasizes implementation and is consistent with the provision of Community Access services in the SCL Medicaid waiver program. Seven applications from SCL provider agencies (from a total of 235 SCL certified provider agencies) were submitted and accepted. A total of 40 provider staff and individuals with I/DD will be initially impacted.

Status Update 3

DBHDID, the Office of Vocational Rehabilitation, the Office for the Blind, the Kentucky Department of Education, and more than a dozen other agencies continue to examine and refine Kentucky’s School to Work transition activities through the Office for Disability Employment Program’s Vision Quest initiative. Kentucky’s initial efforts focus on enhancing and expanding systems linkages within the existing Regional Interagency Transition Teams in order to create:

- A stronger connection to adult service providers and post-school supports;
- Increased transitions of individuals who leave school with jobs to the Michelle P. Waiver;
- Development of post-school options other than employment;
- Inclusion of a wider range of disabilities in the current Center-Based Work Transition Programs;
- A stronger connection to local employers; and
- Expanded opportunities for paid work experiences.

Goal 3: Advocate for adequate funding for a system of services and supports throughout the individual's lifespan.

Status Update 1

The Commission advocated for additional SCL waiver appropriations. The legislature approved 300 additional slots for FY13 and 300 additional slots for FY14, bringing the total appropriated slots to 4,501. During those two fiscal years, 221 individuals from the urgent category were allocated funding, and all 778 who met emergency criteria were allocated funding. The legislature has approved the following additional slots to be phased in over the next two years:

Fiscal Year	SCL Waiver	Michelle P Waiver
July 1, 2014-June 30, 2015	200	250
July 1, 2015-June 30, 2016	240	250

Goal 4: People with disabilities and their families will have continued access to services and supports that meet their needs and expectations.

Status Update 1

DBHDID continued its focus on continuity of care in FY14 by emphasizing timely access to an appropriate level of quality care. DDID liaisons are assigned to each state Intermediate Care Facility (ICF) and psychiatric hospital to provide technical assistance and promote networking designed to lead to a successful transition to community based supports. Liaisons provide guidance to individual teams concerning support options, discharge planning, and exceptional support request development. Each liaison also participates in Olmstead meetings and meetings concerning transitions from Personal Care Homes.

Status Update 2

The Supports Intensity Scale (SIS) assessment was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) and measures the supports an individual needs to be successful in a variety of life domains. As of June 30, 2014 there have been a total of 6,870 SIS assessments completed. A Supports Intensity Scale (SIS) assessment is conducted for each SCL participant at the time of entry to the SCL program and again every other year. All areas of typical adult life are evaluated through the SIS process. The SIS also considers any extraordinary supports that may be necessary in regard to a participant's medical and behavioral support needs, as well as a supplemental section regarding protection and advocacy items. The SIS assessment report is available to the case manager and the interdisciplinary team to use during the

person centered plan of care development process and helps to identify the supports that are most likely to be needed in order for the participant to achieve his/her identified outcomes.

Status Update 3

All SCL provider staff completed regulatory-required DBHDID's Crisis Prevention and Intervention curriculum by the deadline of January 31, 2014. This training is based on best practices and includes Michael Smull's work on person-centered supports, and staff employed by an SCL certified agency must successfully complete this training prior to providing supports and services.

Status Update 4

The SCL waiver was revised and approved to include *Community Access* as a new service. This service is intended to encourage individuals with disabilities to engage in community life with others who share similar interests. It will also provide opportunities to empower and expand individuals' resources and enable them to enjoy a variety of health and wellness offerings in communities around the Commonwealth. The SCL waiver was also revised to increase supported employment rates by nearly 100% in an effort to offer more opportunity for individuals to get jobs and enjoy being a part of their community. Referred to as SCL2, these services were implemented January 1, 2014, and it is expected that all SCL participants will be transitioned to the new services during calendar year 2014 according to participant birth month.

Status Update 5

The Commission's Health and Wellness Subcommittee continued to meet and make advances toward the following subcommittee goal:

Increase the overall percentage of SCL recipients who engage in moderate physical activity for 30 minutes a day at least three times a week by 5%, as reported in the next NCI 12-month data cycle.

The 2012-2013 National Core Indicators (NCI) data indicated that 14% of Kentuckians with I/DD engaged in moderate physical activity for 30 minutes a day at least three times a week, which is below the national average of 22%. The breakdown by setting was:

Community Based Setting - 13% for Kentucky vs. national average of 22%;
Individual Homes - 23% for Kentucky vs. national average of 23%; Parent's Home - 14% for Kentucky vs. national average of 22%.

Status Update 6

Through the following activities, the Health and Wellness Subcommittee succeeded in implementing this recommendation to the HB 144 Commission: *“Any significant initiative to improve health and wellness for Kentuckians with intellectual and developmental disabilities will require an investment in resources. At a minimum, the department needs to designate a dedicated individual to coordinate health and wellness initiatives with providers, other organizational partners invested in the health and well-being of individuals with developmental disabilities, and to the extent feasible, with consumers and families.”*

Activity: Supported through a federal grant through the University of Illinois-Chicago, and additional funding through the Kentucky Division of Developmental and Intellectual Disabilities, the department’s new statewide Health and Wellness Coordinator is Lindsey Mullis. Ms. Mullis has a Master’s Degree in Kinesiology and Health Promotion from the University of Kentucky, and displays a strong commitment to health promotion for individuals with developmental disabilities. The initial focus of her work has been in the development of groundwork to pilot the Health Matters curriculum developed by the University of Illinois-Chicago for individuals with I/DD across the state. In May 2014, Ms. Mullis invited participation at a statewide webinar for SCL providers attended by 168 agencies. Agencies were polled as to their preference of a start date for the pilot and indicated that September 2014 would be preferable.

Activity: In an effort to launch a statewide *Rapid Health Matters Assessment* to determine organizational readiness. The subcommittee gathered results from 155 agencies that completed the survey. This will identify the resources available, needs to be addressed, perceived barriers to programming, and current views on health and wellness from the providers. These results will be compiled and paired with a Getting the Memo presentation to be delivered at an upcoming statewide webinar for SCL providers.

Activity: The Health & Wellness Coordinator is working to become a certified master trainer for the Health Matters program. As a part of becoming a certified trainer, Ms. Mullis has traveled to Chicago to meet with the curriculum authors and attend a training workshop. She is also working with HDI to offer a small group Health Matters program on the University of Kentucky campus which began on July 21 and will run for 12 weeks. This will enable her to provide explicit feedback and become a well versed resource for the community with the Health Matters program.

Activity: In collaboration with the Human Development Institute, the Health and Wellness Subcommittee has also developed a “Health & Wellness Strategies PowerPoint Presentation for Provider Agencies”. The subcommittee continues to work on finalizing a newsletter devoted to health and wellness that is intended to provide information via

both print and online formats for agency providers, self-advocates and families. The subcommittee is also working to develop a health and wellness website with online resources.

Goal 5: The primary focus for public intermediate care facilities will shift to expand networks providing a continuum of health care within the individual's community.

Status Update 1:

As individuals transition from facility to community supports, the state ICF's continue to focus on becoming Centers of Excellence to serve as a resource to and increase capacity of, the community.

Status Update 2:

DBHDID partnered with the Department for Medicaid Services to submit an amendment to the Medicaid State Plan requesting approval from the Center for Medicare and Medicaid Services for specialty clinics providing medical, dental, and therapeutic services for individuals with I/DD residing in the community. The departments received CMS approval for the state plan amendment; regulations have been promulgated; and Oakwood Specialty Clinic is now operational. The Lee Specialty Clinic was fully operational on July 1, 2014, and the Hazelwood Specialty Clinic is anticipated to open in the fall of 2014.

STATISTICS

Following is the status of programs providing supports to individuals with intellectual and/or developmental disabilities through FY14.

CMHC State General Fund Service Provision FY 2014

Based upon data reported by the Community Mental Health Centers, 3,191 people were supported with State General Fund dollars and received a total of 1,382,223 units of service.

- DBHDID staff work with CMHC staff on an ongoing basis to address issues related to data accuracy.
- CMHC adult DD crisis services were utilized by 303 individuals.

ICF Average Census FY 2008 through FY 2014

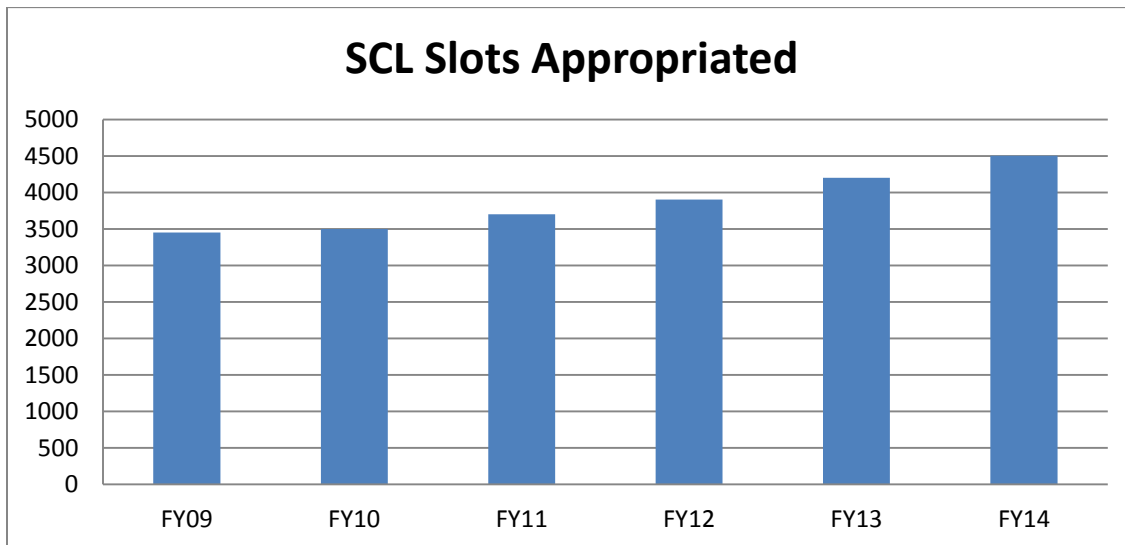
The number of people who reside in state Intermediate Care Facilities for individuals with Intellectual/Developmental Disabilities (ICF/IIDs) has decreased significantly with the implementation of the statewide transition process.

Facility	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Oakwood	226	205	173	134	120	120	119
Hazelwood*	168	162	161	134	142	134	123
Bingham Gardens	32	34	32	28	24	23	21
Outwood	65	63	59	50	44	42	40
Total	491	464	425	346	330	319	303

*Hazelwood Center census includes the three 8-bed ICF community homes.

As part of the settlement agreement with the US Department of Justice, each of the state-owned ICFs/IID is in the process of transforming into a Center of Excellence. These centers serve as a resource to individuals, families, and community providers by offering specialized supports and services that are not accessible in the community.

SCL WAIVER



SCL Slots	FY09	FY10	FY11	FY12	FY13	FY14
Total # Slots	3451	3501	3701	3901	4201	4501
New Slots Funded	50	50	200	200	300	300

SCL Waiting List

SCL Waiting List as of June 30, 2014			
Total	Emergency	Urgent	Future/Planning
1974	0	24	1950

As of June 30th, there were 1974 people on the SCL waiting list. Only 3% reported receiving no paid supports. Over half (54.7%) of those on the SCL waiting list received services through the Michelle P Waiver.

Michelle P Waiver and Acquired Brain Injury Waivers

Acquired Brain Injury (ABI) Waivers as of June 30, 2014 (all over age 18)

ABI Rehab Waiver

Individuals meeting Level of Care without receiving services = 8

Individuals prior authorized for 'Blended Services' (traditional and participant directed) = 7

Individuals prior authorized for 'Traditional Services' = 168

Individuals prior authorized for participant directed services only = 13

Total = 196

ABI Long Term Care Waiver

Individuals meeting Level of Care without receiving services = 2

Individuals prior authorized for 'Blended Services' (traditional and participant directed) = 15

Individuals prior authorized for 'Traditional Services' = 171

Individuals prior authorized for participant directed services only = 37

Total = 225

Michelle P Waiver (MPW) Summary as of June 30, 2014

45.9% (4,635) are younger than 18 and 54.1% (5,453) are older than 18

Individuals meeting Level of Care without requesting services = 365

Individuals prior authorized for "Blended Services" (traditional and participant directed) = 2,828

Individuals prior authorized for "Traditional Services" = 2,142

Individuals prior authorized for participant directed services only = 4753

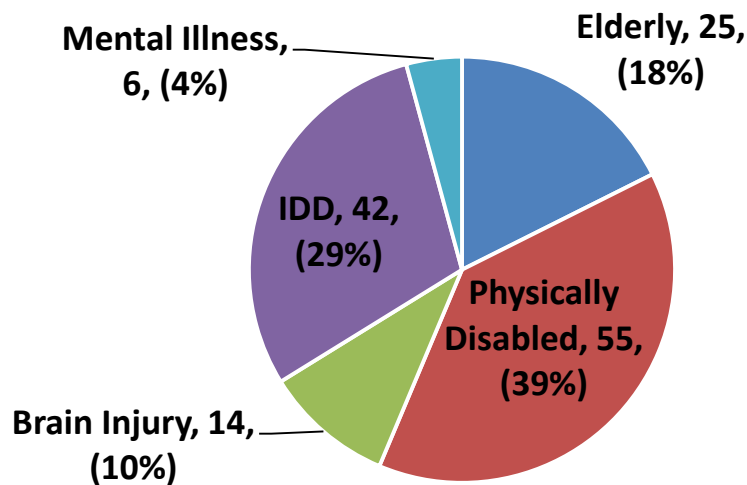
Total = 10,088

Money Follows the Person (MFP)/Kentucky Transition

Medicaid recipients who have been in an institutional setting for at least 90 consecutive days and meet the criteria for services through one of three Medicaid waivers, are eligible to transition to the community. The groups eligible to transition include those who:

- Are elderly and/or physically disabled;
- Have mental illness;
- Have an intellectual and/or developmental disability; or
- Have an acquired brain injury.

In FY14 the following numbers have transitioned from an institution to the community.



CLOSING THOUGHTS

It has been a privilege for the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities to serve in an advisory capacity to the Governor and the General Assembly regarding the needs of persons with Intellectual and Developmental Disabilities. Commission members extend their gratitude to the Governor and the General Assembly for their continued support. Along with the Department for Behavior Health, Developmental, and Intellectual Disabilities, we look forward to meeting our goals to improve the quality of supports for citizens of Kentucky.